

## ELIGIBILITY DATA REPORT – File Layout – Draft 11/07/13

This report details information on the characteristics of all enrollees covered for medical services under the plan from **(Designated Reporting Period)**. Please provide an entry for each month that the enrollee was covered by a general health benefit plan regardless of whether or not the enrollee received any covered services during the reporting year.

*(For example, an enrollee with 12 months of coverage will have 12 eligibility records; an enrollee with 6 months of coverage will only have 6 records.)*

	Field Name	Length	Type A=alphanumeric N=numeric	Dec	Start	End	Threshold
1.	Record Identifier	1	N		1	1	100%
2.	Encrypted Enrollee's Identifier <b>P</b> (payer encrypted)	12	A		2	13	100%
3.	Encrypted Enrollee's Identifier <b>U</b> (UUID encrypted)	12	A		14	25	100%*
4.	Enrollee Year and Month of Birth (CCYYMM00)	8	N		26	33	99% / 95% / 100%('00')
5.	Enrollee Sex	1	N		34	34	99%
6.	Enrollee Zip Code of Residence+4digit add-on code (include hyphen) <b>Modified!</b>	10	N		35	44	99%
7.	Enrollee County of Residence	3	N		45	47	95%
8.	Collection of Enrollee Race-Direct <b>New!</b> <b>Identify direct collection of enrollee race.</b> 0 Enrollee not asked 1 Enrollee asked and reported 2 Enrollee asked but did not report 9 Missing/Unknown/Not specified	1	N		48	48	<b>95%</b> <i>(Payor cannot leave field blank)</i>
9.	Source of Reporting Enrollee Race <b>New!</b> <b>Indicate source of reporting enrollee race.</b> 1 Enrollee reported to payor 2 Enrollee reported to another source 3 Indirectly assigned by algorithm 9 Missing/Unknown/Not specified	1	N		49	49	<b>95%</b>
10.	Probability of Race Assignment <b>New!</b> <b>If Source of Reporting Enrollee Race (data element #9) = 3, then Specify the probability of indirect race assignment.</b>	3	N		50	52	
11.	Enrollee OMB Race 1 <b>Race of enrollee.</b> 1 American Indian or Alaska Native 2 Asian 3 Black or African American 4 Native Hawaiian or Other Pacific Islander 5 White/Caucasian 6 Some Other Race 9 Missing/Unknown/Not specified	1	N		53	53	<b>95%</b>
12.	Enrollee OMB Race 2	1	N		54	54	
13.	Enrollee OMB Race 3 <i>(for future use)</i>	1	N		55	55	

	Field Name	Length	Type A=alphanumeric N=numeric	Dec	Start	End	Threshold
14.	Collection of Enrollee Ethnicity-Direct <b>New!</b> Identify direct collection of enrollee ethnicity. 0 Enrollee not asked 1 Enrollee asked and reported 2 Enrollee asked but did not report 9 Missing/Unknown/Not specified	1	N		56	56	<b>95%</b> (Payor cannot leave field blank)
15.	Source of Reporting Enrollee Ethnicity <b>New!</b> Indicate source of reporting enrollee ethnicity. 1 Enrollee reported to payer 2 Enrollee reported to another source 3 Indirectly assigned by algorithm 9 Missing/Unknown/Not specified	1	N		57	57	<b>95%</b>
16.	Probability of Ethnicity Assignment <b>New!</b> <i>If Source of Reporting Enrollee Ethnicity (data element #15) = 3, then Specify the probability of ethnicity assignment.</i>	3	N		58	60	
17.	Enrollee OMB Hispanic Ethnicity 1 <b>Ethnicity of enrollee.</b> 1 Hispanic or Latino or Spanish origin 2 Not Hispanic or Latino or Not of Spanish origin 9 Missing/Unknown/Not specified	1	N		61	61	<b>95%</b>
18.	Enrollee Other Ethnicity 2 (for future use)	1	N		62	62	
19.	Enrollee Preferred Spoken Language (for future use) A locally relevant list of core languages will be developed.	2	N		63	64	
20.	Coverage Type	1	A		65	65	99%
21.	Source Company	1	A		66	66	99%
22.	Product Type	1	N		67	67	95%
23.	Policy Type	1	N		68	68	95%
24.	Encrypted Contract or Group Number (payor encrypted)	20	A		69	88	95%
25.	Employer Federal Tax ID Number	9	A		89	97	95%
26.	Medical Services Indicator	1	N		98	98	95%
27.	Pharmacy Services Indicator	1	N		99	99	95%
28.	Behavioral Health Services Indicator	1	N		100	100	95%
29.	Dental Services Indicator	1	N		101	101	95%
30.	Plan Liability	1	N		102	102	95%

	Field Name	Length	Type A=alphanumeric N=numeric	Dec	Start	End	Threshold
31.	Consumer Directed Health Plan (CDHP) with HSA or HRA Indicator	1	N		103	103	95%
32..	Start Date of Coverage (in the month CCYYMMDD)	8	N		104	111	95%
33.	End Date of Coverage (in the month CCYYMMDD)	8	N		112	119	95%
34.	Date of FIRST Enrollment **	8	N		120	127	99%
35.	Date of Disenrollment	8	N		128	135	99%
36.	Relationship to Policyholder	1	N		136	136	95%
37.	Payor ID Number (see Appendix A)	4	A		137	140	100%
38.	Source System	1	A		141	141	

*\* Note: The Commission expects the algorithm to be applied to every eligibility record.*

*\*\* Unlike the Date of Enrollment listed on the other files, which refers to the start date of enrollment in this data submission period, this **Date of FIRST Enrollment** should reflect the date that the patient was initially enrolled with your organization.*

The Eligibility data must link to Professional Services, Pharmacy, and Institutional Services data by Encrypted Patient Identifier.

Encryption of Patient ID must be consistent with encryption of Patient ID in Professional Services, Pharmacy, and Institutional Services files.

MHCC will return files that do not link.

